X



BEST AVAILABLE COPY

Docket No.: 200-019

ECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor of the subject matter claimed and for which a THERAPEUTIC APPLICATIONS OF NONCOVALENT DIMERIZING ANTIBODIES, the specific process.	erincation of winer
[] is attached hereto [X] was filed on August 29, 2003 as Application Serial No. 10/652	,864 [] as amended on (if applicable)
I hereby state that I have reviewed and understand the contents of the above-identified specificany amendment specifically referred to above.	ation, including the claims, as amended by

l acknowledge the duty to disclose information material to patentability as defined in 37 CFR 1.56

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) listed below:

Application No(s) 60/407,421

Filing Date (MM/DD/YYYY)

08/30/2002

I hereby claim the benefit under 35 USC 120 of any United States application(s), or 35 USC 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U. S. Application(s):

Application No.

X

Filing Date

Status: Patented, Pending, Abandoned

As a named inventor, I hereby appoint the following registered attorney(s), with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

James H. Meadows, Reg. No. 33,965 (Customer Number 23511) 2804 Kentucky Ave. Joplin, MO 64804

Direct all future correspondence to Customer No. 23511.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Heinz Kohler	Date: 10-21-03
Inventor's signature:	Date. 10 C1
Residence: Lexington, Kentucky	
Citizenship: Germany	
Post Office Address: 5235 Athens-Boonesboro Rd., Lexington, KY 40509	
Full name of sole or tirst inventor: Alton C. Morgan, Jr.	2
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter claimed and for which a patent is sought on the invention entitled

THERAPEUTIC APPLICATIONS OF NONCOVALENT DIMERIZING ANTIBODIES, the specification of which

[] is attached hereto

[X] was filed on August 29, 2003 as Application Serial No. 10/652,864

[] as amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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Full name of sole or first inventor: Heinz Kohler Inventor's signature:	Date:
Residence: Lexington, Kentucky	
Citizenship: Germany	
Post Office Address: 5235 Athens-Boonesboro Rd., Lexington, KY 40509	
Full name of sole or first inventor: Alton C. Morgan, Jr.	4
Inventor's signature: Otron C. Mryan	Date: ill ay 16, 700
Residence: 3405 172 nd St. #196, Arlington, WA 98223	
Citizenship: United States of America	
Post Office Address: 3405 172 nd St. #196, Arlington, WA 98223	